

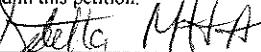
B1 (Official Form 1) (04/13)

UNITED STATES BANKRUPTCY COURT Northern District of Illinois							VOLUNTARY PETITION																																																																									
Name of Debtor (if individual, enter Last, First, Middle): MHA, STELLA							Name of Joint Debtor (Spouse) (Last, First, Middle):																																																																									
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): 9230							All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																																																																									
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 9230							Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):																																																																									
Street Address of Debtor (No. and Street, City, and State): 3112 WEST WARREN AVE APT 3W CHICAGO IL							Street Address of Joint Debtor (No. and Street, City, and State):																																																																									
ZIP CODE 60612							ZIP CODE																																																																									
County of Residence or of the Principal Place of Business: COOK COUNTY							County of Residence or of the Principal Place of Business:																																																																									
Mailing Address of Debtor (if different from street address):							Mailing Address of Joint Debtor (if different from street address):																																																																									
ZIP CODE							ZIP CODE																																																																									
Location of Principal Assets of Business Debtor (if different from street address above):							ZIP CODE																																																																									
Type of Debtor (Form of Organization) (Check one box.)			Nature of Business (Check one box.)				Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)																																																																									
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)			<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other				<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input type="checkbox"/> Chapter 13																																																																									
Chapter 15 Debtors Country of debtor's center of main interests:			Tax-Exempt Entity (Check box, if applicable.)				Nature of Debts (Check one box.)																																																																									
Each country in which a foreign proceeding by, regarding, or against debtor is pending:			<input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).				<input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																																																																									
Filing Fee (Check one box.)							Chapter 11 Debtors																																																																									
<input type="checkbox"/> Full Filing Fee attached. <input checked="" type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.							Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																																																																									
Statistical/Administrative Information <table border="1" style="float: right; margin-right: 10px;"> <tr> <td colspan="10">THIS SPACE IS FOR COURT USE ONLY</td> </tr> <tr> <td colspan="10" style="text-align: center;">FILED</td> </tr> <tr> <td colspan="10" style="text-align: center;">UNITED STATES BANKRUPTCY COURT</td> </tr> <tr> <td colspan="10" style="text-align: center;">NORTHERN DISTRICT OF ILLINOIS</td> </tr> <tr> <td colspan="10" style="text-align: center;">JUL 21 2015</td> </tr> <tr> <td colspan="10" style="text-align: center;">JEFFREY P. ALLSTEADT, CLERK</td> </tr> <tr> <td colspan="10" style="text-align: center;">PROREP. - MBM</td> </tr> </table>											THIS SPACE IS FOR COURT USE ONLY										FILED										UNITED STATES BANKRUPTCY COURT										NORTHERN DISTRICT OF ILLINOIS										JUL 21 2015										JEFFREY P. ALLSTEADT, CLERK										PROREP. - MBM									
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PROREP. - MBM																																																																																
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																																																																																
Estimated Number of Creditors <table border="1" style="margin-top: 10px;"> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> </tr> </table>											1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000																																																												
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Estimated Assets <table border="1" style="margin-top: 10px;"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>											\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																																																												
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B1 (Official Form 1) (04/13)

Page 2

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s):
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)		
Location Where Filed:	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)		
Name of Debtor:	Case Number:	Date Filed:
District:	Relationship:	Judge:
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		
<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>		
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No.</p>		
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.</p>		
<p style="text-align: center;">Information Regarding the Debtor - Venue</p> <p>(Check any applicable box.)</p> <p><input type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>		
<p style="text-align: center;">Certification by a Debtor Who Resides as a Tenant of Residential Property</p> <p>(Check all applicable boxes.)</p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: right;">(Name of landlord that obtained judgment)</p> <p style="text-align: right;">(Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input checked="" type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>		

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s):
Signatures		
Signature(s) of Debtor(s) (Individual/Joint) <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X  Signature of Debtor</p> <p>X _____ Signature of Joint Debtor <u>773 949-3389</u></p> <p>Telephone Number (if not represented by attorney) <u>7-21-15</u></p> <p>Date _____</p>		Signature of a Foreign Representative <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date _____</p>
Signature of Attorney* <p>X _____ Signature of Attorney for Debtor(s)</p> <p>Printed Name of Attorney for Debtor(s) _____</p> <p>Firm Name _____</p> <p>Address _____</p> <p>Telephone Number _____</p> <p>Date _____</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>		Signature of Non-Attorney Bankruptcy Petition Preparer <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address _____</p> <p>X _____ Signature _____</p> <p>_____ Date _____</p> <p>_____ Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>

B 1D (Official Form 1, Exhibit D) (12/09)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Mha, Stella

Debtor

Case No. _____

(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:

Date: 7/21-15

In re Mha, Stella,
Debtor

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- 11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds
\$155,675.*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2003 Infinity G35	735 Ill. Comp. Stat. Ann. 5/12-1001.	4,000.00	1,592.00

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B 6D (Official Form 6D) (12/07)

In re MHA, STELLA
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

1

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

continuation sheets
attached

Subtotal ►
(Total of this page)

Total ►
(Use only on last page)

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical

Summary of Certain Liabilities and Related

Liabilities and Related Data)

In re Mha, Stella,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. GKY01833 Value City Acceptance/ Acceptance Now 4454 N. Western Ave Chicago, IL 60625			11.29.2014				6,314.38
ACCOUNT NO. 9410002CI PLS Financial Solutions 801 ½ N. Pulaski Chicago, IL 60651							3,217.06
ACCOUNT NO. 7500068218265 CREDIT PROTECTION ONE GALLERIA TOWER 13355 NOEL RD S DALLAS, TX 75240			01.21.12				954.00
ACCOUNT NO. 592-144732 AAA Checkmate 7647 W. 63rd St Summit, IL 60501							2,106.00
Subtotal ►							\$ 17591.44
Total ►							\$
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							

continuation sheets attached

B 6F (Official Form 6F) (12/07) - Cont.

In re MHA, STELLA,
Debtor

Case No. _____
 (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0065238723 City of Chicago Dept. of Finance P.O. Box 6289 Chicago IL 60680-6289							366.00
ACCOUNT NO. 0065238724 City of Chicago Dept. of Finance P.O. Box 6289 Chicago IL 60680-6289							61.00
ACCOUNT NO. 0065686370 City of Chicago Dept. of Finance P.O. Box 6289 Chicago IL 60680-6289							100.00
ACCOUNT NO. 0065443048 City of Chicago Dept. of Finance P.O. Box 6289 Chicago IL 60680-6289							60.00
ACCOUNT NO. 0065333846 City of Chicago Dept. of Finance P.O. Box 6289 Chicago IL 60680-6289							60.00

Sheet no. ____ of ____ continuation sheets attached
 to Schedule of Creditors Holding Unsecured
 Nonpriority Claims

Subtotal ►	\$	447
Total ►	\$	

(Use only on last page of the completed Schedule F.)
 (Report also on Summary of Schedules and, if applicable on the Statistical
 Summary of Certain Liabilities and Related Data.)

In re Mha, Stella,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			12.14.12				225.00
MIDLAND FUNDING LLC/ Target National Bank 8875 AERO DR 200 SAN DIEGO, CA 92123							
ACCOUNT NO.			06.09.2012				800.00
ARNOLD SCOTT HARRIS 111 W JACKSON B 400 CHICAGO, IL 6060							
ACCOUNT NO.			05.25.2010				120.00
ARMOR SYSTEMS CORP 1700 KIEFER DR 1 ZION, IL							
ACCOUNT NO.							400.00
Verizon Wireless Bankruptcy Administration 500 Technology Drive Suite 550 Weldon Spring, MO 63304							
ACCOUNT NO.							400.00
T MOBILE USA Bankruptcy Department P.O. Box 53410 Bellevue, WA 98015-3410							

Sheet no. _____ of _____ continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ►	\$ <i>1945</i>
Total ►	\$ <i></i>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)	

In re MHA, STELLA,
DebtorCase No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. VW100048548			: 1/8/2010				495.00
Illinois Tollway 2700 Ogden Ave Downers Grove, IL 60515							
ACCOUNT NO. VW102346291			11/12/2010				495.00
Illinois Tollway 2700 Ogden Ave Downers Grove, IL 60515							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Sheet no. _____ of _____ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal ►	\$ <u>990</u>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						Total ►	\$

B 6F (Official Form 6F) (12/07) - Cont.

In re Mha, Stella,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			12.14.12				225.00
MIDLAND FUNDING LLC/ Target National Bank 8875 AERO DR 200 SAN DIEGO, CA 92123							
ACCOUNT NO.			06.09.2012				800.00
ARNOLD SCOTT HARRIS 111 W JACKSON B 400 CHICAGO, IL 6060							
ACCOUNT NO.			05.25.2010				120.00
ARMOR SYSTEMS CORP 1700 KIEFER DR 1 ZION, IL							
ACCOUNT NO.							400.00
Verizon Wireless Bankruptcy Administration 500 Technology Drive Suite 550 Weldon Spring, MO 63304							
ACCOUNT NO.							400.00
T MOBILE USA Bankruptcy Department P.O. Box 53410 Bellevue, WA 98015-3410							
Sheet no. _____ of _____ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal ►	\$ <u>1945</u>		
				Total ►	\$		
				(Use only on last page of the completed Schedule F.)			
				(Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)			

B 6F (Official Form 6F) (12/07) - Cont.

In re Mha, Stella,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 343511-1							1,600.00
Title Lenders, Inc dba USA Pay Day Loan 3243 N. Harlem Chicago, IL 60634							
ACCOUNT NO.							2,100.00
Brother Loan Finance Company 7621 W 63rd St Summit, IL 60501							
ACCOUNT NO.							6,380.00
ACCEPTANCENOW 5501 HEADQUARTERS PLANO, TX 75024							
ACCOUNT NO.			1.28.2010				22,000.00
US DEPT OF EDUCATION/GLE 2401 INTERNATIONAL POB 7859 MADISON, WI 53704							
ACCOUNT NO.			1.26.2014				360.00
CONVERGENT OUTSOURCING PO BOX 9004 RENTON, WA 98057							

Sheet no. ____ of ____ continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal ►

\$ *32440*

Total ►

\$ *55,558.44*

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data.)

Fill in this information to identify your case:

Debtor 1	STELLA	MHA
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	Northern District of Illinois	
Case number (If known)		

Check if this is:

An amended filing

A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed
 Not employed

Debtor 2 or non-filing spouse

- Employed
 Not employed

Occupation

CUSTOMER SERVICE REP

Employer's name

Comcast Cable Communicatio

Employer's address

One Comcast Center

Number Street

Number Street

Philadelphia PA 19103

City State ZIP Code

City State ZIP Code

How long employed there? 3-10-08

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 **For Debtor 2 or non-filing spouse**

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 3,520.00

\$ _____

3. Estimate and list monthly overtime pay.

3. + \$ 560.00

+ \$ _____

4. Calculate gross income. Add line 2 + line 3.

4. \$ 4,080.00

\$ _____

Debtor 1	STELLA	MHA	Case number (if known)
	First Name Middle Name	Last Name	
Copy line 4 here.....		→ 4.	For Debtor 1 \$ 3,062.00
			For Debtor 2 or non-filing spouse \$ _____
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$ 669.56	\$ _____
5b. Mandatory contributions for retirement plans	5b.	\$ _____	\$ _____
5c. Voluntary contributions for retirement plans	5c.	\$ 121.30	\$ _____
5d. Required repayments of retirement fund loans	5d.	\$ _____	\$ _____
5e. Insurance	5e.	\$ 207.94	\$ _____
5f. Domestic support obligations	5f.	\$ _____	\$ _____
5g. Union dues	5g.	\$ _____	\$ _____
5h. Other deductions. Specify: life insurance	5h.	+ \$ 50.82	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$ 1,049.62	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 2,013.00	\$ _____
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$ _____	\$ _____
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			
8b. Interest and dividends	8b.	\$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$ _____	\$ _____
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			
8d. Unemployment compensation	8d.	\$ _____	\$ _____
8e. Social Security	8e.	\$ _____	\$ _____
8f. Other government assistance that you regularly receive	8f.	\$ _____	\$ _____
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			
Specify: _____	8f.		
8g. Pension or retirement income	8g.	\$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h.	+ \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$ 0.00	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 2,013.00	+ \$ _____ = \$ _____
11. State all other regular contributions to the expenses that you list in Schedule J.			
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.			
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.			
Specify: _____	11.	+ \$ _____	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			
	12.	\$ _____	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No.			
<input checked="" type="checkbox"/> Yes. Explain: _____	decrease in income due to reduced pay maternity leave / medical disability		

Fill in this information to identify your case:

Debtor 1	First Name <u>Stella</u>	Middle Name <u>Djuric</u>	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Northern</u>		District of <u>Illinois</u>	
Case number (If known)			

Check if this is:

- An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:
MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

<input type="checkbox"/> No	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<input checked="" type="checkbox"/>	<u>daughter</u>	<u>7yo</u>	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/>	<u>daughter</u>	<u> </u>	<input type="checkbox"/> No
<input type="checkbox"/>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes
<input type="checkbox"/>	<u> </u>	<u> </u>	<input type="checkbox"/> No
<input type="checkbox"/>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes
<input type="checkbox"/>	<u> </u>	<u> </u>	<input type="checkbox"/> No
<input type="checkbox"/>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,000

If not included in line 4:

- 4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues

4a. \$
4b. \$
4c. \$
4d. \$

Debtor 1 Stella
First Name

Middle Name

Djuric
Last Name

Mha

Case number (if known) _____

		Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	\$ _____
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$ <u>40 00</u>
6b.	Water, sewer, garbage collection	\$ _____
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ <u>300 00</u>
6d.	Other. Specify: _____	\$ _____
7.	Food and housekeeping supplies	\$ <u>50 00</u>
8.	Childcare and children's education costs	\$ <u>450 00</u>
9.	Clothing, laundry, and dry cleaning	\$ <u>150 00</u>
10.	Personal care products and services	\$ <u>50 00</u>
11.	Medical and dental expenses	\$ _____
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	\$ <u>200 00</u>
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	\$ <u>50 00</u>
14.	Charitable contributions and religious donations	\$ _____
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ _____
15b.	Health insurance	\$ _____
15c.	Vehicle insurance	\$ <u>120 00</u>
15d.	Other insurance. Specify: _____	\$ _____
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ _____
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	\$ <u>375 00</u>
17b.	Car payments for Vehicle 2	\$ _____
17c.	Other. Specify: _____	\$ _____
17d.	Other. Specify: _____	\$ _____
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	\$ _____
19.	Other payments you make to support others who do not live with you. Specify: _____	\$ _____
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I, Your Income.	
20a.	Mortgages on other property	\$ _____
20b.	Real estate taxes	\$ _____
20c.	Property, homeowner's, or renter's insurance	\$ _____
20d.	Maintenance, repair, and upkeep expenses	\$ _____
20e.	Homeowner's association or condominium dues	\$ _____

Debtor 1 Stella Case number (*if known*) _____
First Name Middle Name Last Name

21. Other. Specify: _____

21. +\$ _____

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

\$ 2,785 00

22.

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 2,683 00

23b. Copy your monthly expenses from line 22 above.

23b. -\$ 2,785 00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ -102

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

expecting another child 7/2015